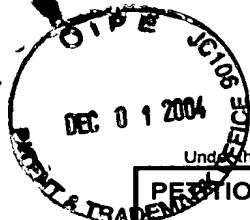


12-03-04

JFW

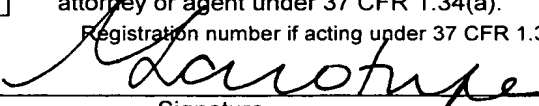
1617



PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) AHN-001DV2	
Application Number 09/658969-Conf. #5790		Filed September 11, 2000	
For METHODS FOR MODULATING THE ACTIVITY OF MSH5			
Art Unit 1617		Examiner S. M. R. Hui	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$ <u>2,080.00</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,266</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
 Signature		<u>December 1, 2004</u> Date	
<u>Maria Laccotripe Zacharakis, Ph.D., J.D.</u> Typed or printed name		<u>(617) 227-7400</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378 820 664 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 1, 2004

Signature:  (Maria Laccotripe Zacharakis, Ph.D., J.D.)

12/06/2004 SMINASS1 00000007 120080 09658969

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2080.00 DA



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Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FREE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/658969-Conf. #5790
TOTAL AMOUNT OF PAYMENT		Filing Date	September 11, 2000
(\$)	2,080.00	First Named Inventor	Winfried EDELMANN
		Examiner Name	S. M. R. Hui
		Art Unit	1617
		Attorney Docket No.	AHN-001DV2

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order		2. EXTRA CLAIM FEES			
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None			<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Deposit Account Number	12-0080			Each claim over 20	18	9	
Deposit Account Name	Lahive & Cockfield, LLP			Each independent claim over 3	88	44	
The Director is authorized to: (check all that apply)				Multiples dependent claims	300	150	
<input checked="" type="checkbox"/> Charge fee(s) indicated below				For Reissues, each claim over 20 and more than in the original patent	18	9	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				For Reissues, each independent claim more than in the original patent	88	44	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<input checked="" type="checkbox"/> Credit any overpayments				- 20 or HP = $\frac{\text{Total Claims}}{20}$ x $\frac{\text{Extra Claims}}{20}$ =			
To the above-identified deposit account.				HP= highest number of total claims paid for, if greater than 20			
<input type="checkbox"/> Other (please identify):				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
				- 3 or HP = $\frac{\text{Indep. Claims}}{3}$ x $\frac{\text{Extra Claims}}{3}$ =			
				HP= highest number of independent claims paid for, if greater than 3			
1. BASIC FILING FEE				Multiple Dependent Claims			
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>	Fee (\$) Fee Paid (\$)			
Utility Filing Fee	790	395		Subtotal (2) \$ 0.00			
Design Filing Fee	350	175					
Plant Filing Fee	550	275					
Reissue Filing Fee	790	395					
Provisional Filing Fee	160	80					
Subtotal (1) \$			0.00	3. OTHER FEES			
				<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>
				1-month extension of time	110	55	
				2-month extension of time	430	215	
				3-month extension of time	980	490	
				4-month extension of time	1,530	765	
				5-month extension of time	2,080	1,040	2,080.00
				Information disclosure stmt. Fee	180	180	
				37 CFR 1.17(q) processing fee	50	50	
				Non-English specification	130	130	
				Notice of Appeal	340	170	
				Filing a brief in support of appeal	340	170	
				Request for oral hearing	300	150	
				Other:			
				Subtotal (3) \$ 2,080.00			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,266
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D., J.D.	Telephone	(617) 227-7400
		Date	December 1, 2004

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Dated: December 1, 2004

Signature:

(Maria Laccotripe Zacharakis, Ph.D., J.D.)